

It is the intention of the legislator that the general practitioner plays a pivotal role in patient management, in order to ensure access to quality and safe care, in accordance with guidelines and best practices, for the entire the community and in relation with medical or social facilities.

On a daily basis, the main issues that arise for the general practitioner are:

- the initial understanding of disability to improve overall patient care;
- prepare and discuss the return home with the multidisciplinary professional team in accordance with family or caregivers;
- adapt the patient's overall needs (housing, equipment, participants, social and labor rights. . .) within the familial, social and occupational environment;
- ensure prevention and follow-up for disability-related complications.

Considering the impact of a full knowledge of the community and care environment, it is important to ensure optimal coordination between the general practitioner and other caregivers sharing the responsibility of full healthcare for disabled patients returning home.

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### Evaluation of cooperation between general practitioners and physical medicine and rehabilitation specialists

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**Keywords:** General practitioner; Medical cooperation; Physical medicine and rehabilitation

**Introduction.**— GPs (which coordinates care) and PRMs (which provides healthcare solutions) have a key role in the disabled patient's management.

The study aims to assess the cooperation between the two specialties to identify the way it can be improved, in order to bring better care to disabled patients.

**Method.**— Telephone survey of 222 Parisians GPs.

**Results.**—

- PMR specialist isn't known by GPs;
- 57% GPs do not have PMRs in their network;
- PMR field of competence is poorly known by GPs;
- Quality exchange with PMRs: among the 94 MG with a PMR specialist in their network, exchange with the PMR was qualified as good for 58%; and poor or inexistant for 42% GPs.

To improve cooperation between both specialties, GPs suggest PRM specialty should be better known (activity, field of competence), so that GPs would more refer to PMRs.

**Conclusion.**— The GP is the first choice partner for disabled patients. The PMRs is the specialist with the knowledge and skills that bring them therapeutic solutions.

However, PMRs is not known and not used by GPs. That's why patients see their chances of being directed to a PMRs greatly diminished.

To improve cooperation between GPs and PMRs and optimize the path care of patients with disabilities, GPs must be aware of the existence and activity of the PMRs.

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### Study of expectations and satisfaction of general practitioners (GPs) in relation to a physical and rehabilitation medicine center

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**Keywords:** Physical and Rehabilitation Medicine; Primary care; Quality of care

**Introduction.**— The evolution of the French system of care puts the general practitioners (GPs) as the central spindle of the patient management. One of the foundations of Physical and Rehabilitation Medicine is to define a life plan coordinated in space and time. Are the primary care physician and the specialist structured at best in a perspective of efficiency and medical benefit improvement? In this way, we wished to evaluate expectations and satisfaction of GPs in relation to a Physical and Rehabilitation Medicine center from Limousin.

**Method.**— We asked 177 GPs by mail. The list comes from a research in the professional directories. It concerns all physicians practicing in the recruit base center. The questionnaire is in the form of audit in a first part, then in the form of open questions in a second one.

**Results.**— Thirty-six percent of interviewed physicians agreed to participate in our study. The satisfaction average is 7.5 to 10. There are numerous GPs expectations. Firstly they like to know the different physicians of the establishment and their fields of competence. In their view, the specialist of Physical and Rehabilitation Medicine has the function of expert and coordinator, and must define the role of each participant, including the GPs role in the care of the patient. They demand the development of outpatient consultations and the possibility of having a direct and simplified access in complete hospitalization. Finally, they underline the need to receive mails and reports in time adapted to their practice.

**Discussion.**— Our study notes the importance of integrating GPs into the development of life plan. It shows the necessity to open Physical and Rehabilitation Medicine structures to primary care. Improvement solutions are both in our personal practices and in regulatory changes, including the valorization of outpatient consultations.

**Further reading**

Beden C, Francois P, Caligula F, Beaudouin-Bertrand D. Attentes et satisfaction des médecins généralistes vis-à-vis d'un hôpital universitaire. Grenoble: centre hospitalier universitaire; 2000.

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### Perception and manual wheelchair prescription multiple sclerosis by general practitioners in the North of France

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**Keywords:** Multiple sclerosis; Manual wheelchair; General practitioners

**Background.**— Manual wheelchair (MW) has a negative image in multiple sclerosis (MS) synonymous for patients with a worsening of the disease. It loses all its goal of mobility assistance. General practitioners (GPs) through its involvement in medical, social and family life, remain the first contact in its prescription.

**Objective.**— Identify the behavior of GPs in north of France about mobility assessment, prescription, follow up and MW feeling in MS population.

**Method.**— Datas are collected from a questionnaire sent to 960 MG involved in the monitoring of MS patients joining the MS network in North of France (G-SEP).

**Results.**— Three hundred and one questionnaires were filled out. Among the GPs, 74.4% considered themselves able to assess loss of mobility related to MS. Eighty-five percent of GPs believed they have a role in prescribing MW in MS patients, 19.9% of GPs provide trials prior to MW prescription. A cushion to prevent pressure sores is prescribed by only 9.5% of GPs. Among them, 34.9% use expert medical advice. Young GPs were more "fear of what other" for their